

## PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

ATTORNEY DOCKET NO. RT118111 242000



As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Materials and Methods for Improved Bone Tendon Bone Transplantation

the specification of which is attached hereto unless the following box is checked:

(X) was filed on 3/16/2000 as US Application Serial No. not available or PCT International Application

Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

## Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: ____ NO: ____
			YES: ____ NO: ____

## Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

## U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)
09/481,319	1/11/2000	Pending

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Timothy Van Dyke, Reg. No. 43,218

Gerard H. Bencen, Reg. No. 35,746

## Send Correspondence to:

Timothy H. Van Dyke  
Bencen & Van Dyke  
1630 Hillcrest Street  
Orlando, Florida 32803

## Direct Telephone Calls To:

Timothy H. Van Dyke  
Gerard H. Bencen  
407-228-0328

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Kevin C. Carter

Citizenship: \_\_\_\_\_

Residence: 8502 N.W. 35th Road, Gainesville, Florida 32606 USAPost Office Address: Same

Inventor's Signature

Date

Full Name of Inventor: Michael Esch Citizenship: \_\_\_\_\_

Residence: 1 Innovation Drive, Alachua, Florida 32615

Post Office Address: Same

Michael Esch  
Inventor's Signature

3/29/00  
Date

Full Name of Inventor: Paul LaRochelle Citizenship: \_\_\_\_\_

Residence: 616 Hawksbill Island Drive, Satellite Beach, FL 32937 USA

Post Office Address: Same

\_\_\_\_\_  
Inventor's Signature Date

Full Name of Inventor: Jim Gross Citizenship: \_\_\_\_\_

Residence: 1 Innovation Drive, Alachua, FL 32615

Post Office Address: \_\_\_\_\_

Jim Gross  
Inventor's Signature

3/27/00  
Date

Full Name of Inventor: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature Date

Full Name of Inventor: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature Date

Full Name of Inventor: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

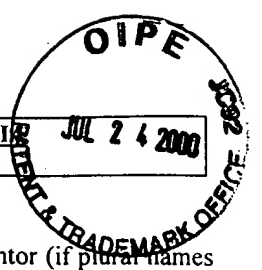
\_\_\_\_\_  
Inventor's Signature Date

## PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

ATTORNEY DOCKET NO. RTI-11812

JUL 24 2000



As a below named inventor, I hereby declare that:

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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APPLICATION SERIAL NUMBER	FILING DATE

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Full Name of Inventor: Kevin C. Carter Citizenship: \_\_\_\_\_Residence: 8502 N.W. 35th Road, Gainesville, Florida 32606 USAPost Office Address: Same

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name of Inventor: Michael Each

Citizenship: \_\_\_\_\_

Residence: 1 Innovation Drive, Alachua, Florida 32615Post Office Address: Same

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name of Inventor: Paul LaRochelle MOCMCitizenship: USAResidence: 616 Hawkbill Island Drive, Satellite Beach, FL 32937 USAPost Office Address: SameInventor's Signature Paul J LaRochelle MOCMDate 6/12/00Full Name of Inventor: Jim Gross

Citizenship: \_\_\_\_\_

Residence: 1 Innovation Drive, Alachua, FL 32615

Post Office Address: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name of Inventor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name of Inventor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name of Inventor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_



PTO/SB/10 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c)) - SMALL BUSINESS CONCERN**Docket Number (Optional)  
RTI-1181AApplicant, Patentee, or Identifier: Carter et al.Application or Patent No.: 09/528,034Filed or Issued: 3/17/2000Title: MATERIALS AND METHODS FOR IMPROVED BONE TENDON BONE TRANSPLANTATION

I hereby state that I am

- ☐ the owner of the small business concern identified below.  
☒ an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF SMALL BUSINESS CONCERN Regeneration Technologies, Inc.ADDRESS OF SMALL BUSINESS CONCERN 1 Innovation Drive, Alachua, Florida 32615

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20418.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.  
☒ the application identified above.  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having rights in the invention is listed below:

- ☒ No such persons, concerns, or organizations exist.  
☐ each such person, concern, or organization is listed below:

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Jamie M. GroomsTITLE OF PERSON IF OTHER THAN OWNER President, CEOADDRESS OF PERSON SIGNING 1 Innovation Drive, Alachua, Florida 32615SIGNATURE  DATE 7/13/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.